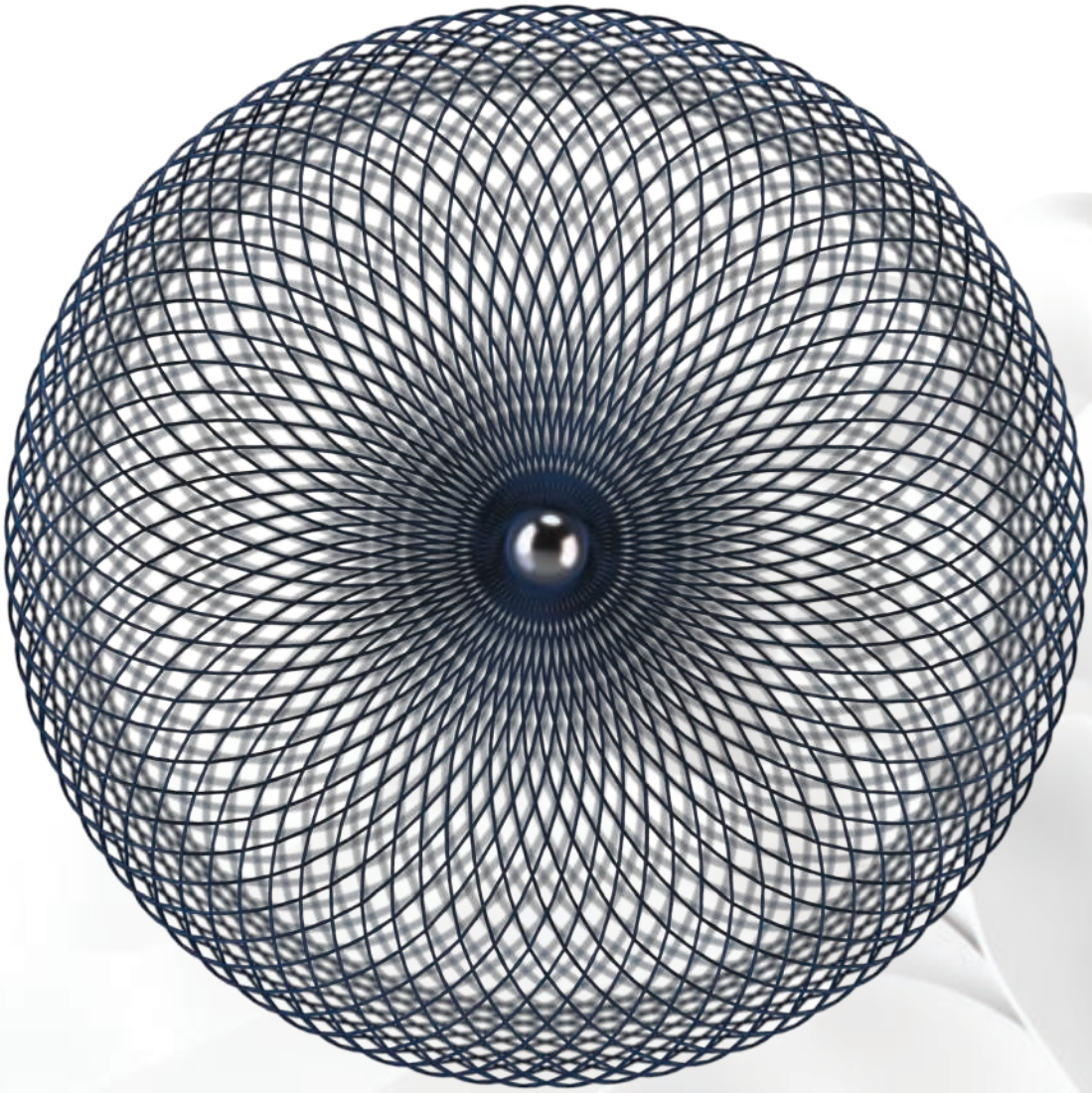
WEB™

Aneurysm Embolization System

TERUMO NEURO



Clinically proven.

ONE AND DONE TREATMENT.

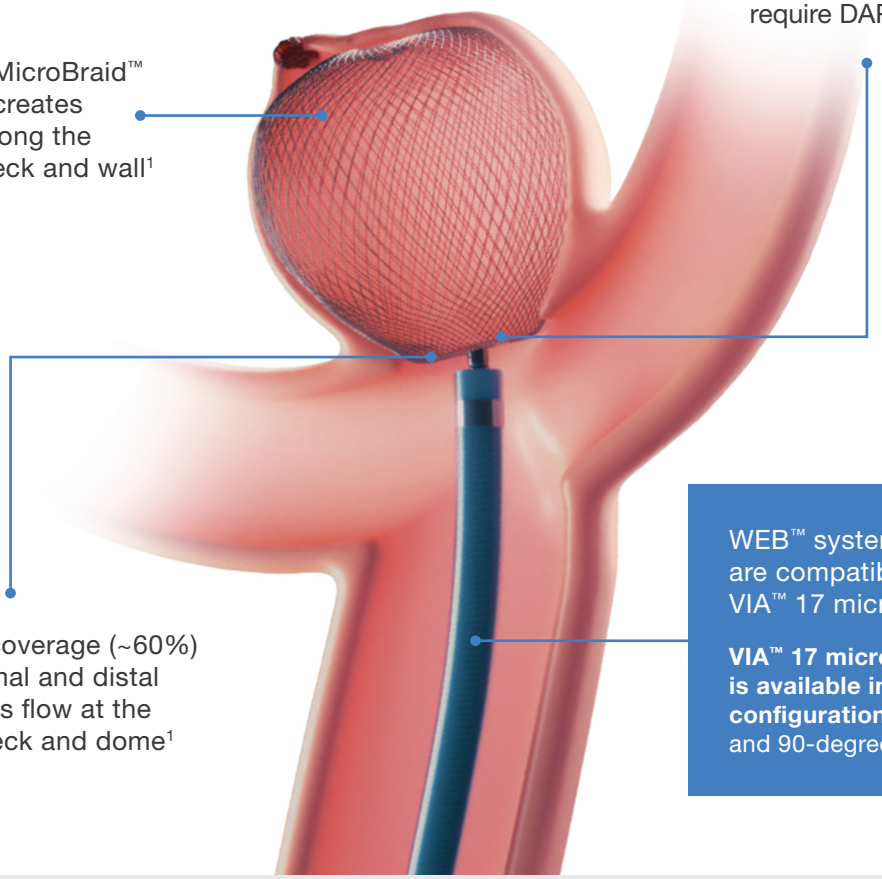
Designed to seal the neck and protect the dome

1 Proprietary MicroBraid™ technology creates a scaffold along the aneurysm neck and wall[1]

2 High metal coverage (~60%) at the proximal and distal ends disrupts flow at the aneurysm neck and dome[1]

3 Designed with a proximal recess to minimize vessel encroachment[1]

- WEB™ device does not require DAPT[2]



WEB™ system sizes 3–7 are compatible with VIA™ 17 microcatheters

VIA™ 17 microcatheter is available in three configurations: Straight, 45 and 90-degree pre-shaped tips[1]

Proven ability to **treat ruptured aneurysms**

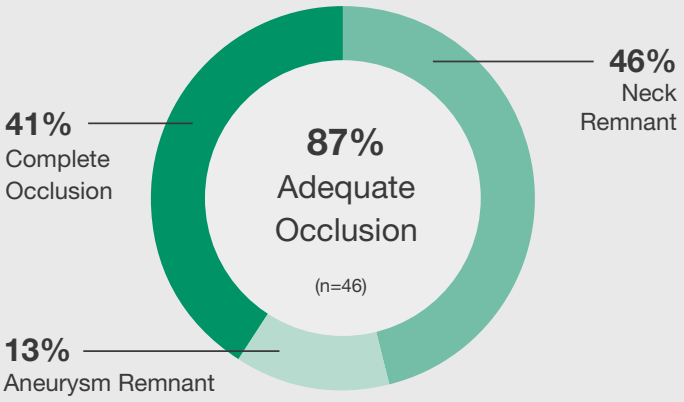
The WEB™ system has been shown to be a safe and effective treatment for both ruptured and unruptured aneurysms.[3]

CLARYS

Study of Ruptured Aneurysms[3]*

0%

- Rebleeding after initial procedure
- WEB™-related morbidity and mortality



Pioneering complex aneurysm treatment

Since its initial launch in 2010, the one-of-a-kind WEB™ system has been used to advance the standard of care for thousands of patients around the globe—transforming the way physicians approach the treatment of complex aneurysms.

2010

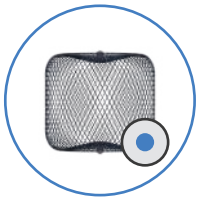
WEB Dual Layer Device

Original platform, dual layers

2013

WEB SL and SLS Devices

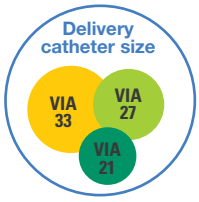
Single layer, lower profile devices



2014

EV Technology

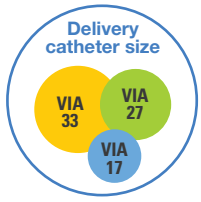
Enhanced visualization provided by nitinol-platinum DFT wires



2015

21 System

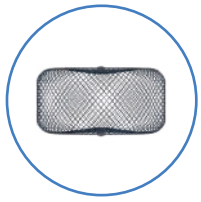
Lower profile design, offered in 4–7mm diameters



2017

17 System

Lower profile design, offered in 3–7mm diameters



2023

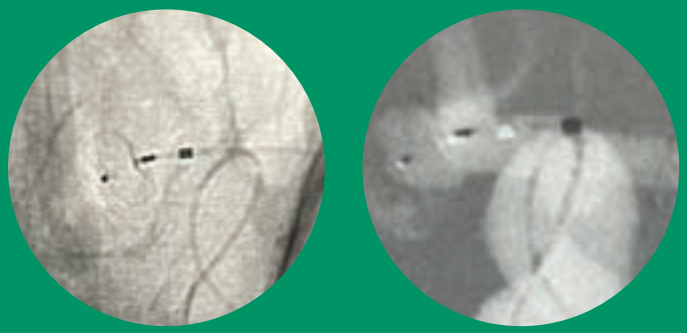
SL 6x2 and SL 7x2

Now available to treat additional sizes of aneurysms

Timeline reflects initial commercial launch.

Advance treatment of wide-neck bifurcation aneurysms with one intrasaccular device:

- The WEB System overcomes the challenges of multiple devices[4]
- Reduced procedure times with streamlined method and less radiation exposure[4–7]
- Seamless resheathing and repositioning for procedural control and effective outcomes[8]



Angulated Acom bifurcation aneurysm treated with WEB SL 6x2 by David Altschul from Montefiore Medical Center, New York City, USA

Proven **long-term durability**

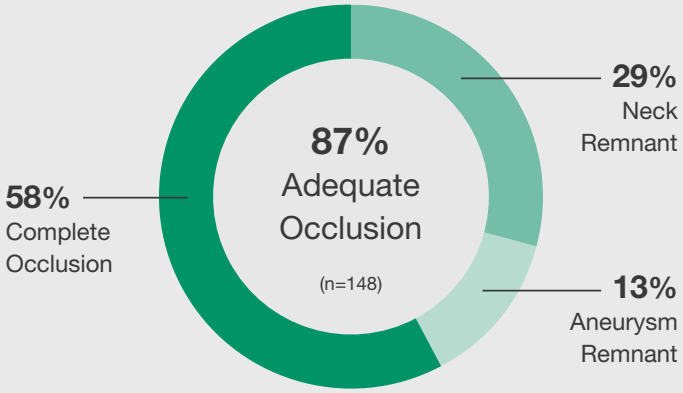
Five-year follow-up results demonstrate long-term safety and efficacy.[9,10]

WEB-IT

5-year Follow-up[9]**

0%

- Bleeding or rebleeding after initial procedure
- WEB™-related mortality

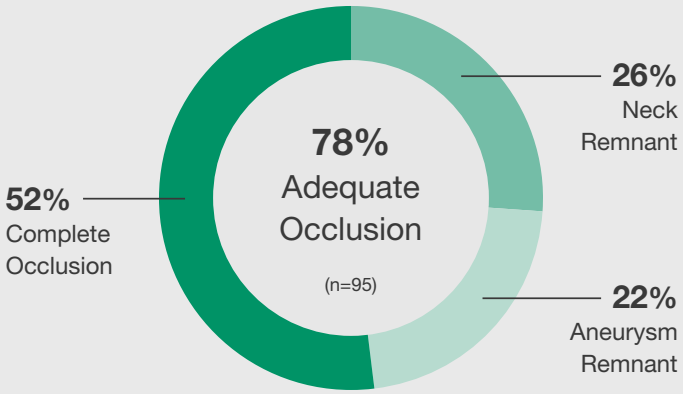


WEBCAST 1 & 2

5-year Follow-up[10]**

0%

- Bleeding or rebleeding after initial procedure
- WEB™-related morbidity and mortality



Proven **low profile system**[11]

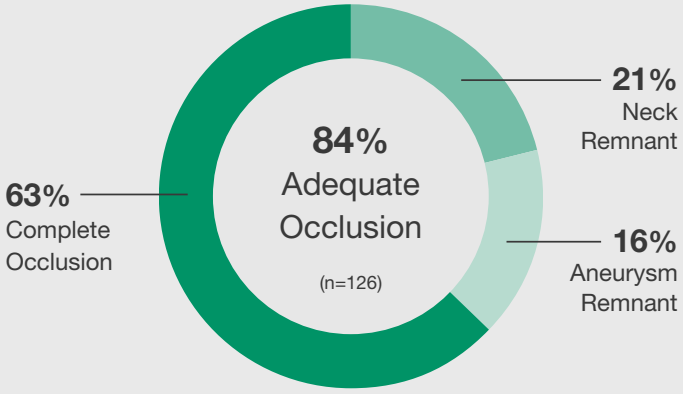
The WEB™ 17 system also shows high safety and effectiveness at 1-year follow-up.

CLEVER

Study of WEB™ 17 System[11]*

0%

- Bleeding or rebleeding after initial procedure
- WEB™-related morbidity and mortality

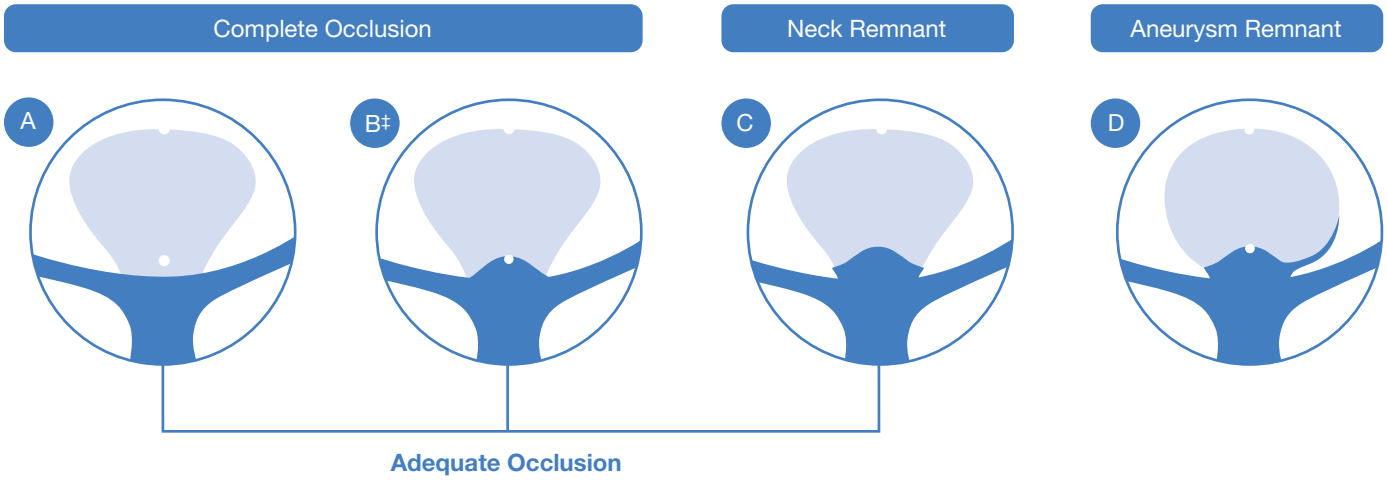


Extensively studied intrasaccular device

Seven Good Clinical Practice (GCP) Studies and hundreds of publications on its safety and effectiveness treating a variety of different aneurysms.

	WEB-IT[9]	WEBCAST 1 & 2[10]	CLARYS[3]*	CLEVER[11]*
Study Description	US IDE – long term follow-up	EU GCP – long term follow-up	EU study of ruptured aneurysms	EU study of 17-system
Angiographic Follow-up	5 years	5 years	1 year	1 year
Ruptured Aneurysms Treated	6.0% (9/150)	7.4% (7/95)	100% (60/60)	36.8% (60/163)
Adequate Occlusion A B C	87.2% (129/148)	77.9% (74/95)	87.0% (40/46)	83.9% (120/143)
Bleed/Rebleed	0%	0%	0%	0%
Overall Morbidity†	0%	1.0%	9.6%	0%
Overall Mortality†	4.7%	7.0%	3.8%	1.3%

Not included: FROBS, WEB-IT China



*The CLEVER and CLARYS studies were conducted in accordance with the European indications for use. Occlusion and safety findings do not necessarily correlate with WEB results in other geographies.
**WEB-IT and WEBCAST 1 & 2 included WEB 21, 27, and 33 systems.
†All-cause morbidity and mortality. 0% WEB-related morbidity and mortality.
‡Contrast opacification in the proximal marker recess (image B).

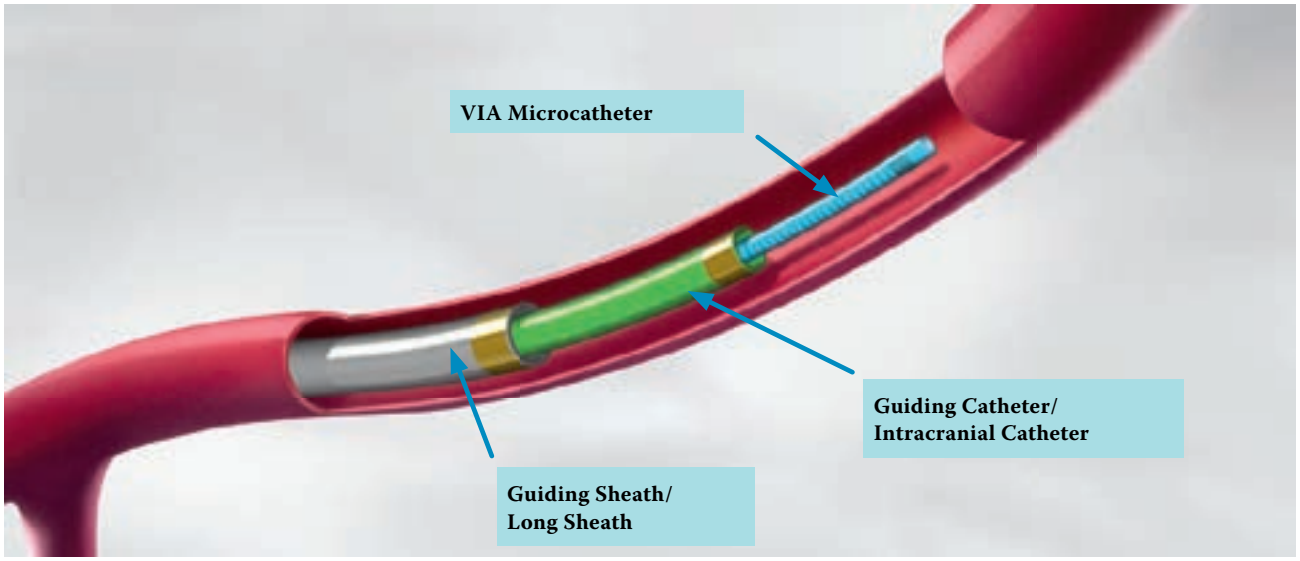
WEB Device Portfolio - OUS

Suitable for Aneurysms from 2 – 10mm

Smallest aneurysm height (mm)	2.0 - 2.4	2.5 - 2.9	3.0 - 3.4	3.5 - 3.8	3.9 - 4.3	4.4 - 5.0	5.1 - 6.0	6.1 - 7.0	7.1 - 8.0	8.1 - 9.0	9.1 - 10.0
8.0 - 8.9											SL 11x7
7.0 - 7.9									SL 9x6	SL 10x6	SL 11x6
6.0 - 6.9							SL 7x5	SL 8x5	SL 9x5	SL 10x5	
5.0 - 5.9						SL 6x4	SL 7x4	SL 8x4	SL 9x4		
3.7 - 4.9			SL 4x3	SL 4.5x3	SL 5x3	SL 6x3	SL 7x3	SL 8x3			
2.6 - 3.6	SL 3x2	SL 3.5x2	SL 4x2	SL 4.5x2	SL 5x2	SL 6x2	SL 7x2				

AVERAGE ANEURYSM WIDTH (mm)

VIA 17 VIA 27 VIA 33



Contact a Terumo Neuro sales associate to learn more about integrating the WEB™ device into your practice.

References

1. Data on file.
2. Spelle L, Liebig T. *Neuroradiol J.* 2014;27:369.
3. Spelle L, Herbreteau D, Caroff J, et al. Clinical Assessment of WEB device in Ruptured aneurysms (CLARYS): results of 1-month and 1-year assessment of rebleeding protection and clinical safety in a multicenter study. *J Neurointerv Surg.* 2022;14(8):807-814.
4. Fiorella D, et al. Demographic, procedural and 30-day safety results from the WEB Intrasaccular Therapy Study (WEB-IT). *J Neurointerv Surg.* 2017;9:1191-6.
5. Miller TR, Jindal G, Krejza J, Gandhi D. Impact of Endovascular Technique on Fluoroscopy Usage: Stent-Assisted Coiling versus Flow Diversion for Paraclinoid Internal Carotid Artery Aneurysms. *Neuroradiol J.* 2014;27(6):725-731. doi:10.15274/NRJ-2014-10094.
6. Cheung NK, Boutchard M, Carr MW, Froelich JJ. Radiation exposure, and procedure and fluoroscopy times in endovascular treatment of intracranial aneurysms: a methodological comparison. *J Neurointerv Surg.* 2018;10(9):902-906. doi:10.1136/neurintsurg-2017-013596.
7. Chalouhi N, McMahon JF, Moukarzel LA, et al. Flow diversion versus traditional aneurysm embolization strategies: analysis of fluoroscopy and procedure times. *J Neurointerv Surg.* 2014;6(4):291-295. doi:10.1136/neurintsurg-2013-010777.
8. Data on file. TR16-292-01.
9. Fiorella D, Molyneux A, Coon A, et al. Safety and effectiveness of the Woven EndoBridge (WEB) system for the treatment of wide necked bifurcation aneurysms: final 5 year results of the pivotal WEB Intra-saccular Therapy study (WEB-IT) [published online ahead of print, 2023 Jun 24]. *J Neurointerv Surg.* 2023. doi:10.1136/jnis-2023-020611.
10. Pierot L, Szikora I, Barreau X, et al. Aneurysm treatment with the Woven EndoBridge (WEB) device in the combined population of two prospective, multicenter series: 5-year follow-up. *J Neurointerv Surg.* 2022.
11. CLEVER: Clinical evaluation of WEB 0.017 device in intracranial aneurysms. Final results at 1 year. Observational post-market, prospective, multicenter GCP study. Conducted at 17 European sites with a minimum of 160 subjects. Data comes from information presented at ISC 2023.

Indications for Use

CE Mark Indication: The WEB Aneurysm Embolization System is intended for the endovascular embolization of ruptured and unruptured intracranial aneurysms and other neurovascular abnormalities such as arteriovenous fistulae (AVF). The WEB Aneurysm Embolization System is also intended for vascular occlusion of blood vessels within the neurovascular system to permanently obstruct blood flow to an aneurysm or other vascular malformation. For healthcare professionals intended use only. Please refer to IFU for the full list of risk, contraindications, warnings, and precautions. Legal Manufacturer: MicroVention, Inc. EU Authorized Representative: MicroVention Europe SARL. Outside EMEA region, Legal Manufacturer: MicroVention Europe SARL.

Brazil and Canada: The WEB Aneurysm Embolization System is intended for the endovascular embolization of ruptured and unruptured intracranial aneurysms. It is recommended for saccular intracranial aneurysms located at the basilar artery apex, posterior communicating artery, middle cerebral artery bifurcation, termination of the internal carotid artery, anterior communicating artery in a body/neck ratio 1 and intracranial wide-neck aneurysm with a neck size 4 mm or body/neck ratio < 2. The device should only be used by physicians who have undergone training in all aspects of the WEB Aneurysm Embolization System procedures as prescribed by manufacturer.

WEB Device Complications

Potential complications include but are not limited to the following: hematoma at the site of entry, aneurysm rupture, emboli, vessel perforation, parent artery occlusion, hemorrhage, ischemia, vasospasm, clot formation, device migration or misplacement, premature or difficult device detachment, non-detachment, incomplete aneurysm filling, revascularization, post-embolization syndrome, and neurological deficits including stroke and death. For complete indications, potential complications, warnings, precautions, and instructions, see instructions for use (IFU provided with the device).

The VIA Microcatheter is intended for the introduction of interventional devices (such as the WEB device/stents/flow diverters) and infusion of diagnostic agents (such as contrast media) into the neuro, peripheral, and coronary vasculature. Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Legal Manufacturer: MicroVention, Inc. EU Authorized Representative: MicroVention Europe SARL.

Caution: Federal law restricts these devices to sale by or on the order of a physician.

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NEURO

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Class III Device

CE 0297